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9/4/07PRINTED: 08/22/2007
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0057	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2007
NAME OF PROVIDER OR SUPPLIER M T S		STREET ADDRESS, CITY, STATE, ZIP CODE 3214 14TH ST, NE WASHINGTON, DC 20017		
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I 000	INITIAL COMMENTS A licensure survey was conducted from August 8, 2007 through August 9, 2007. A random sample of two residents was selected from a resident population of two women and two men with various degrees of disabilities. The findings of this survey were based on observations at the group home, interview/s with residents and staff as well as the review of clinical and administrative records, including incident reports.	I 000		
I 022	3501.5 ENVIRONMENTAL REQ / USE OF SPACE Each window shall be supplied with curtains, shades or blinds, which are kept clean, and in good repair. This Statute is not met as evidenced by: On August 9, 2007, there was an accumulation of dust on the curtains hanging in the living room windows.	I 022	MTS 14 th Street Medicaid Responses August 2007 3501.5 The living room curtains will be cleaned by...8-27-07.	
I 056	3502.14 MEAL SERVICE / DINING AREAS Each GHMRP shall train staff in the storage, preparation and serving of food, the cleaning and care of equipment, and food preparation in order to maintain sanitary conditions at all times. This Statute is not met as evidenced by: During the Entrance Conference on August 8, 2007, the QMRP indicated that a certified food handler was on duty during each meal prepared. However, review of personnel records on August 9, 2007, beginning at 4:25 PM, revealed no evidence that the GHMRP ensured that a certified food handler was on duty for meal preparation and service during the weekday	I 056	3502.14 MTS will insure that at minimum one staff per shift 7 days a week is food handler certified by....9-15-07.	

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0000

XVTC11

TITLE

(X6) DATE

Director of Spec. Services 8-31-07

If continuation sheet 1 of 16

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with Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

DATE FORM

XVTC11

If continuation sheet 1 of 16

Butterfield Moore TITLE *Director of Res. Services* DATE *8-19-07*

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1056	Continued From page 1 evening shift. Personnel records indicated that 4 out of 6 direct support staff were without current food handler's certification.	1056		
1061	3502.19 MEAL SERVICE / DINING AREAS Each GHMRP shall have effective procedures for cleaning all equipment and work areas used in the preparation and serving of foods. This Statute is not met as evidenced by: On August 9, 2007, there was dried food/ debris splattered on the inner top and sides of the microwave oven in the kitchen.	1061	3502.19 The microwave was cleaned on the survey date and will be cleaned on a routine daily basis...8-27-07.	
1075	3503.3(d) BEDROOMS AND BATHROOMS Each bedroom shall be equipped with at least the following items for each resident: (d) Night stand. This Statute is not met as evidenced by: On August 9, 2007, at 7:50 AM, there was only one nightstand in the bedroom shared by Residents #1 and #2. A direct support staff person (S1) present at the time said Resident #1 was without a nightstand.	1075	3503.3 MTS will purchase a nightstand for resident #1 by...9-15-07.	
1082	3503.10 BEDROOMS AND BATHROOMS Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting.	1082		

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I 082	Continued From page 2 This Statute is not met as evidenced by: On August 9, 2007, at 7:33 AM, the paper cup holder in the basement bathroom was empty.	I 082	3503.3 The home manager filled the cup dispenser on the survey date and will check on a routine by-weekly basis to insure that all bathrooms are properly supplied at all times...9-1-07.		
I 090	3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors. This Statute is not met as evidenced by: On August 9, 2007, inspection of the facility revealed the following: Dining Room 1. The top piece of wood on the back of one dining room chair was broken and missing. Living Room 1. There was peeling paint in the doorway leading into the back hallway. Kitchen 1. The hood over the stove had chipped bubbling paint on it. 2. The light bulb was missing in the hood over the stove. 3. The microwave plate was missing and there was dried, splattered food/ debris on the inside	I 090	3504.1 Dining Room – the broken chair will be replaced by...9-10-07. Living Room – the doorway will be scraped and repainted by...9-10-07. Kitchen 1. The stove hood will be scrapped and repainted by...9-15-07. 2. The stove hood light bulb has been replaced...8-27-07. 3. The microwave was cleaned and the plate is in place...8-17-07. 4. The cabinets will be scrapped and repainted...9-15-07.		

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I 090	<p>Continued From page 3</p> <p>walls and top of the microwave.</p> <p>4. There was chipped and peeling paint observed on the cabinets.</p> <p>[Note: The above 1, 3 and 4 are repeat deficiencies. See State Licensure Deficiency Report dated August 3, 2006.]</p> <p>Main Floor Bathroom</p> <p>1. Caulking around the bathtub was missing in some places and had black mold growing in other areas.</p> <p>2. Rust stains were observed in the bathtub.</p> <p>3. Water was continuously running, slowly, in the toilet tank</p> <p>Bathroom in Basement</p> <p>1. Floor tiles were missing from the floor area immediately encircling/ surrounding the toilet.</p> <p>Exterior</p> <p>1. The wooden frame around the front door had chipped wood.</p> <p>2. The front screen door was missing.</p> <p>3. The hand railing on the right side of the lower set of front steps (nearest the street) was wobbly.</p> <p>[Note: The above 1. was a repeat deficiency.</p>	I 090	<p>Main Floor Bathroom</p> <p>1. The bathtub will be re-caulked by...9-15-07.</p> <p>2. The bathtub will also be repainted by...9-15-07.</p> <p>3. The toilet tank leak has been addressed...8-27-07.</p> <p>Basement Bathroom</p> <p>1. The missing floor tiles will be replaced by...9-15-07.</p> <p>Exterior</p> <p>1. The front door wooden frame will be repaired by...9-15-07.</p> <p>2. The front screen door will be replaced by...9-15-07.</p> <p>3. The handrail will be secured by...9-15-07.</p> <p>The facility manager will perform weekly audits of the physical environment to insure that repair issues are noted and reported for follow up in a timely manner...8-31-07.</p>	

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I 090	Continued From page 4 See State Licensure Deficiency Report dated August 8, 2006.]	I 090			
I 092	3504.3 HOUSEKEEPING Each GHMRP shall be free of insects, rodents and vermin. This Statute is not met as evidenced by: 1. On August 9, 2007, at 5:35 PM, an adult-size cockroach fell to the floor when a kitchen drawer was pulled open during inspection. The roach immediately ran under a kitchen cabinet. The QMRP acknowledged that staff reported seeing roaches previously. She further indicated monthly exterminator visits. 2. On August 9, 2007, at 7:00 AM, a mosquito was observed flying in the dining room. At 7:33 AM, a mosquito was observed flying into the basement stairwell from the dining room.	I 092	3504.3 The home will be treated for pests to eliminate the roach problem...8-31-07. The QMRP will train staff on daily kitchen cleanup to insure that food particles are not left on surfaces promoting insect infestations...9-10-07.		
I 109	3504.16 HOUSEKEEPING Each GHMRP shall label inconspicuously each item of clothing as belonging to a particular resident as indicated in his or her Individual Habilitation Plan (IHP). This Statute is not met as evidenced by: On August 9, 2007, at approximately 7:52 AM, Resident #2 opened the bottom drawer of his nightstand. Among the clothing items observed were four white athletic socks that were not labeled with resident initials. It should be noted that three other socks in the drawer were marked with Resident #1's initials.	I 109	3504.16 All of the socks and undergarments in disrepair will be discarded and replaced...8-31-07. The facility manager will train staff in the September monthly staff meeting on the importance of reporting the condition of clothing...9-15-07. In addition, the Facility Manager will audit the closets and drawers monthly to insure all clothing is in good repair...9-1-07.		

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I 110	3504.17 HOUSEKEEPING Each GHMRP shall ensure that each resident's clothing is kept in good condition, laundered, and cleaned. This Statute is not met as evidenced by: On August 9, 2007, at approximately 7:53 AM, four undershorts and six white athletic socks, all with holes and/or tears, were observed in Resident #2's nightstand.	I 110		
I 160	3507.1 POLICIES AND PROCEDURES Each GHMRP shall have on site a written manual describing the policies and procedures it will follow which shall be as detailed as is necessary to meet the needs of each resident served and provide guidance to each staff member. This Statute is not met as evidenced by: On August 9, 2007, at 12:30 PM, review of the onsite Policies and Procedures Manual indicated the Program Director reviewed and approved the policies on October 1, 2005. The QMRP indicated that staff received training on August 2, 2007 on some newly-revised policies, such as those that address Individual Rights/ Choice/ Dignity and Incident Reporting. The revised policies were not, however, available for review in the GHMRP.	I 160	3507.1 The updates are now in the home's policy manual and have been reviewed with staff as indicated by the surveyor...8-27-07.	
I 161	3507.2 POLICIES AND PROCEDURES The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually.	I 161		

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I 161	Continued From page 6 This Statute is not met as evidenced by: Cross-refer to I160. Although the QMRP stated on August 9, 2007, that policies and procedures were reviewed at least annually, the most recent review date documented in the GHMRP was October 1, 2005.	I 161	3507.2 See the attached review sheet for the 14 th street staff. In the future, the QMRP will insure that the annual reviews are documented and filed in a timely manner...8-31-07.		
I 162	3507.3 POLICIES AND PROCEDURES The manual shall be available for review and approval by District of Columbia personnel who have licensing, supervisory, monitoring and certification responsibility. This Statute is not met as evidenced by: Cross-refer to I160. On August 9, 2007, newly-revised policies and procedures on Individual Rights/ Choice/ Dignity and Incident Reporting were not made available for review by this licensing surveyor.	I 162	3507.3 See the attached copies of the revised policies and 3507.2 responses above...8-31-07.		
I 186	3508.5(c) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (c) The categories and numbers of supportive and direct care staff, and... This Statute is not met as evidenced by: On August 9, 2007, review of the Organizational Chart in the GHMRP policies manual revealed that the chart did not reflect recent changes in the nursing department. The current categories and number of nursing staff, including medication nurse(s), LPN Nurse Coordinator, Facility RN and the Director of Nursing were not clearly indicated.	I 186	3508.5 © The general organizational chart does not break nursing down in micro fashion; it is a chart reflecting the entire management team. See the attached organizational chart specific to nursing...8-27-07.		

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I 187	Continued From page 7	I 187		
I 187	3508.5(d) ADMINISTRATIVE SUPPORT Each GHMRP shall have an organization chart that shows the following: (d) The lines of authority. This Statute is not met as evidenced by: Cross-refer to I186. The Organizational Chart available for review on August 9, 2007 did not reflect the current lines of authority within the nursing department.	I 187		
I 202	3509.2 PERSONNEL POLICIES Each staff person shall have a written job description, which details each of his or her major responsibilities and duties and supervisory control. This Statute is not met as evidenced by: On August 9, 2007, at 12:13 PM, a Registered Nurse was in the facility. She (S5) indicated that she provided RN oversight for this facility, and reported to the Director of Nursing. No personnel file, to include a written job description, was made available for review before the survey ended later that day. It should be noted that the QMRP submitted additional information via facsimile on August 10, 2007. The fax did not, however, include personnel information for S5.	I 202	3509.2 See the attached file information for S5 (the lead RN)...8-27-07.	
I 206	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician's	I 206		

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I 206	Continued From page 8 certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Review of personnel records on August 9, 2007, beginning at 4:25 PM, revealed no evidence of a current health certification/inventory for the following 5 individuals working with the residents: - 1 of the 6 direct support staff (S2), and - 3 of the 4 nurses (S3, S4 and S5) This is a repeat deficiency. See State Licensure Deficiency Report dated August 8, 2006.	I 206	3509.6 The staff member cited and 3 nurses will have current health certificates in the record by...9-10-07. MTS management is meeting with all professional, clinical support staff on 8-29-07 to address all file deficiencies...8-30-07. In addition, MTS is creating travel files that will be based at the home office and will include all up-to-date file information for each staff member. These files will be brought to the home for survey reviews...9-15-07.		
I 227	3510.5(d) STAFF TRAINING Each training program shall include, but not be limited to, the following: (c) Infection control for staff and residents; This Statute is not met as evidenced by: During the Entrance Conference on August 8, 2007, the Qualified Mental Retardation Professional stated that the agency expected all staff assigned to work with residents to have current first aid training and CPR certification. On August 9, 2007, beginning at 4:25 PM, review of employee personnel records revealed the following: 1. The QMRP and 2 out of 6 direct support staff were without evidence of receiving first aid	I 227			

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I 227	Continued From page 9 training within the past 3 years (S6, S7). 2. 3 out of 6 direct support staff were without evidence of current CPR certification (S2, S7 and S8). 3. There was no evidence that 2 out of 4 nurses working in the facility had current CPR certification (S5 and S9).	I 227	3510.5 (d) All staff will have current CPR training by...9-30-07. In the meantime, MTS insures that at least one staff member per shift is CPR trained. MTS is tracking such training manually and will move to electronic tracking and notifications by...10-30-07.		
I 271	3513.1(b) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency 's inspection, at any time, the following administrative records: (b) Personnel records for all staff including job descriptions either at the GHMRP or in a central office and made available upon request; This Statute is not met as evidenced by: On August 9, 2007, at 12:13 PM, a Registered Nurse was in the facility. She (S5) indicated that she provided RN oversight for this facility, and reported to the Director of Nursing. No personnel file, to include a written job description, was made available for review before the survey ended later that day. It should be noted that the QMRP submitted additional information via facsimile on August 10, 2007. The fax did not, however, include personnel information for S5.	I 271	3513.1 (b) See attached file information...8-27-07.		
I 274	3513.1(e) ADMINISTRATIVE RECORDS Each GHMRP shall maintain for each authorized agency 's inspection, at any time, the following administrative records:	I 274			

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1274	Continued From page 10 (e) Signed agreements or contracts for professional services; This Statute is not met as evidenced by: Review of the GHMRP's personnel files on August 9, 2007, beginning at 4:25 PM, revealed no evidence of a signed written agreement or contract with the psychiatrist.	1274	3513.1 (c) The signed agreement with psychiatry is attached...8- 27-07.		
1372	3519.3 EMERGENCIES Each GHMRP shall post by each telephone emergency numbers, which include at least fire and rescue squads, the local police department, each resident's physician, and the agency's on-duty administrator. This Statute is not met as evidenced by: On August 9, 2007, the GHMRP did not have posted near the telephone emergency numbers, to include fire and rescue squads, the local police department and the residents' primary care physician.	1372	3519.3 All such numbers are posted in the home's main office near the office phone...8-27-07.		
1401	3520.3 PROFESSION SERVICES: GENERAL PROVISIONS Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: On August 9, 2007, at approximately 9:03 AM, interview with a direct support staff person (S1) revealed that Resident #2 required supervision	1401	3520.3 The QMRP will convene a team meeting to discuss the hoarding behavior and that of taking the belongings of others. The psychologist will take the lead in developing a new BSP for staff to follow to address these behaviors. Meeting will be held by...9-7-07. Protocol developed by...9-14-07. Staff trained by...9-30-07.		

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I 401	Continued From page 11 while traveling in the community because he was known to "take other peoples' things... say's they're his." Interview with the QMRP at approximately 1:50 PM revealed that the resident, who was admitted to the facility in October 2006, had a behavior support plan to address the following target behaviors: physical aggression, hitting walls, hitting others, explosive behavior, talking loudly, property destruction and non-compliance." Of that list, the resident reportedly had only exhibited yelling behavior. Further interview with the QMRP, however, revealed that the resident also "hoards food he takes from the kitchen or dining room... hides in pockets, drawers... will eat cookies, but some foods rot." Review of the resident's psychological assessments and other habilitation records revealed no evidence that his behaviors of taking others' belongings or hoarding foods had been clinically assessed and discussed accordingly by the interdisciplinary team.	I 401		
I 422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident ' s Individual Habilitation Plan. This Statute is not met as evidenced by: 1. On August 9, 2007, at approximately 8:45 AM, the residents' Medication Administration Records (MARs) were reviewed following observation of the morning medication pass. Resident #1's Individual Support Plan and physician's orders prescribe daily administration of Mycocide 1% ointment to his toe nails. Review of the MARs for June, July and August 2007 revealed no data to show evidence of Mycocide 1% administrations on June 1, 3, 8, 9, 10, 16, 17, 22, 23, 24, 29, 30, and August 1, 2007. Note: The July 2007 MAR	I 422	3521.3 1. Nursing will train staff on implementation and documentation of applying topical creams...9-15-07. In addition, the QMRP will check the documentation weekly to insure ongoing compliance.....9-1-07. 2. The Director of Nursing or the Lead RN will train the medication nurse on the implementation of the self- medication protocols...9-7-07.	

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I 422	Continued From page 12 was missing, therefore staff implementation of the resident's treatment orders could not be verified for that month. 2. Review of Residents #1 and #2s' habilitation records revealed that they both had training programs to have them pour a glass of water for med pass and return the glass to the kitchen after they finished taking their medications. The morning nurse was not observed implementing their programs on August 9, 2007. She prepared the medications and poured water for each resident. The nurse indicated that she had not been instructed to facilitate the residents' involvement in the process.	I 422		
I 425	3521.5(b) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client: (b) Is regressing or losing skills already gained; This Statute is not met as evidenced by: Cross-refer to I401. There was no evidence that Resident #2's behaviors of taking others' belongings or hoarding foods had been clinically assessed and discussed by the interdisciplinary team. Both behaviors reportedly were observed by GHMRP staff since he was admitted in October 2006. The resident's team met on November 16, 2006 to develop his Individual Support Plan (ISP). Neither his ISP or his Behavior Support Plan (BSP), dated November 25, 2006, addressed stealing from others or food hoarding behaviors. The BSP reflected the following target behaviors: "physical aggression, significant non-compliance to self care, explosive episodes such as cursing loudly, hitting walls,	I 425	3521.5 (b) See responses for 3520.3 above...8-27-07. The QMRP is charged with reviewing progress on all objectives monthly and with making needed modifications in the programs based on progress or the lack thereof.....9-1-07. The residential director reviews the process monthly in her meetings with individual QMRPs...9-1-07.	

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I 425	Continued From page 13 property destruction, yelling." Since February 28, 2007, staff had entered data on behavior data collection sheets. The behavior data sheets reflected one incident of yelling (on June 17, 2007) and no other behaviors. There were no documented incidents of other target behaviors or of his alleged stealing or hoarding behaviors. On August 9, 2007, at 2:08 PM, the QMRP was asked whether residents' programs were reviewed and whether changes were made to training programs and ISPs. She stated programs were reviewed after 6-months and "if there's improvement, then we'll change it." The team also reviews "the whole program" at the annual pre-ISP meeting. Further interview and review of the resident's record revealed no evidence that the GHMRP modified his plan after 6 months, to address emerging/ regressive behavioral concerns.	I 425			
I 432	3521.7(c) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (c) Personal hygiene (including washing, bathing, shampooing, brushing teeth, and menstrual care); This Statute is not met as evidenced by: On August 9, 2007, at 7:32 AM, Resident #2 came to the bathroom in the basement while this surveyor was inside. The resident did not knock before opening the door and entering. He left the door open while using the toilet. The toilet seat remained down while he stood using the toilet, with resulting sprinkles observed on the seat after he left the room. The resident left the bathroom	I 432	3521.7 © The survey observations indicate that resident #2 would benefit from bathroom training and such a program will be formally added by...9-15-07. The program will address the hand washing, toilet seat (lifting) and knocking issues. In addition a separate social skills objective will be added related to the privacy issue for knocking before entering someone else's room or any bathroom with a closed door.....9-15-07.		

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1432	Continued From page 14 without washing his hands. A direct support staff person was in the basement at the time but did not intervene until these issues were brought to her attention afterwards. The staff person then told him "I always tell you to knock." Review of Resident #2's habilitation records later that day failed to show evidence that his sanitation/ hygiene and hand washing skills had been assessed. The resident did not have any bathroom-related training programs. There was no evidence that the GHMRP determined whether bathroom-related habilitation and training would be appropriate.	1432			
1438	3521.7(h) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (h) Interpersonal and social skills (including sharing, courtesy, cooperation, responsibility and age-appropriate and culturally normative social behaviors and relationships involving peers of the same and different sex, younger and older persons and person in authority); This Statute is not met as evidenced by: Cross-refer to 1432. Resident #2 did not knock before entering a closed bathroom door. After this was brought to a direct support staff person's attention, she told the resident "I always tell you to knock." Review of Resident #2's habilitation records failed to show evidence that his social/ courtesy (knocking) and privacy skills had been assessed. There was no evidence that the GHMRP determined whether bathroom-related habilitation	1438	3521.7 (h) See responses for 3521.7 © above.		

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I 438	Continued From page 15 and training would be appropriate.	I 438			
I 500	<p>3523.1 RESIDENT'S RIGHTS</p> <p>Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws.</p> <p>This Statute is not met as evidenced by: § 7-1301, Statement of Purpose [Formerly D.C. Law 2-137, § 6-1901(2)]</p> <p>"Secure for each resident of the District of Columbia with mental retardation...habilitation as will be suited to the needs of the person, and to assure that such habilitation is skillfully and humanely provided with full respect for the person's dignity and personal integrity..."</p> <p>On August 9, 2007, at 8:02 AM, a direct support staff person (S1) answered the front door. She invited this surveyor into the facility where upon entry, Residents #1 and #2 were observed seated in the living room dressed in their underwear briefs and undershirts. At 6:05 AM, Resident #4 came into the hallway wearing only her under garments. At the time, the staff person was ironing clothes in the dining room. She did not offer residents guidance or otherwise take measures to ensure their dignity and personal integrity were protected.</p>	I 500	<p>3523.1</p> <p>The staff member cited will receive a disciplinary action and will be retrained on privacy/dignity issues by...9-7-07.</p> <p>The QMRP will make at minimum weekly observations to insure that staff - individuals supported interactions are appropriate at all times. The Facility Manager will conduct at minimum bi-weekly observations...9-1-07.</p> <p>END Chapter 35</p>		

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R 000	INITIAL COMMENTS A licensure survey was conducted from August 8, 2007 through August 9, 2007. A random sample of two residents was selected from a resident population of two women and two men with various degrees of disabilities. The findings of this survey were based on observations at the group home, interviews with residents and staff as well as the review of clinical and administrative records, including incident reports.	R 000			
R 125	4701.5 BACKGROUND CHECK REQUIREMENT The criminal background check shall disclose the criminal history of the prospective employee or contract worker for the previous seven (7) years, in all jurisdictions within which the prospective employee or contract worker has worked or resided within the seven (7) years prior to the check. This Statute is not met as evidenced by: Based on the review of records, the GHMRP failed to ensure criminal background checks for the previous seven (7) years, in all jurisdictions in which the employees have worked or resided within the seven (7) years prior to the check. The finding includes: Review of the personnel files on August 9, 2007, beginning at 4:25 PM revealed the GHMRP failed to evidence comprehensive criminal background checks for one of the six direct support staff (S7) on the schedule. Records indicated that she had applied for employment on January 24, 2007. The date of hire was not readily known; however, the employee signed a written job description on May 18, 2007. Interview with the QMRP confirmed that the employee had indeed worked	R 125	4701.5 The criminal background check for S7 is attached...8-27-07.		

Health Regulation Administration

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0096

XVTC11

If continuation sheet 1 of 2

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R 125	Continued From page 1 with residents in the GI-MRP before going out on medical leave. It should be noted that the QMRP submitted additional information via facsimile on August 10, 2007. The fax did not, however, include personnel information for S7.	R 125			